

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 64

No. 3025 Turkey Street  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Enequina Osata  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 1st 5. Legitimate? Yes 6. Date of birth May 13, 1925  
Month Day Year

8. FATHER  
Full name Huberto Osata

14. MOTHER  
Full maiden name Maria Wiaz

9. Residence (Usual place of abode) not known  
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Ariz.

10. Color or race Mex. 11. Age at last birthday 32 (Years)

16. Color or race Mex 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Durango  
(State or country) Mex.

18. Birthplace (city or place) Durango  
(State or country) Mex.

13. Occupation  
Nature of industry Laborer

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 8:20 p. m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Beryl M. Brown M.D.  
(Physician or midwife)  
Address Miami, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed May 23, 25 O.E. Brown Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

561-513-449